

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026875

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

165

FILED JUL 12 1963

## 1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

SIKESTON

Length of stay in 1b

2 mos.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

SHUFFIT NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

SCOTT

c. CITY  
OR TOWN

CHAFFEE

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

110 No. FRISCO STREET

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

BEN

First

BUTLER

Middle

KELLY

Last

4. DATE  
OF DEATH

Month

Day

Year

JUNE 29, 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-17-1886

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months Days

11 12

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER (RET.)

## 10b. KIND OF BUSINESS OR INDUSTRY

FARMING

## 11. BIRTHPLACE (City and state or country)

LAWRENCE COUNTY, TENN.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

AUGUST KELLY

## 13b. MOTHER'S MAIDEN NAME

NANCY Gobble

## 14. NAME OF HUSBAND OR WIFE

MELISSA ANNIE KELLY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

MRS. B.B. KELLY - CHAFFEE, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

coronary occlusion

## INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

essential hypertension

## DUE TO (c)

Generalized arteriosclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5-7-63 to 6-29-63 and last saw him alive on 6-20-63

Death occurred at 3:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

E. D. Urban, M.D.

## 22b. ADDRESS

Sikeston

## 22c. DATE SIGNED

7-5-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

July 2, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

LIGHTNER CEMETERY

## 23d. LOCATION (City, town, or county)

Ibmo, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Bispinghoff Funeral Home - Chaffee, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

July 8, 1963

## 26. REGISTRAR'S SIGNATURE

Jessette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack T. Burnett*

Licensed Embalmer No. 4473

P. O. Address

*Chaffee, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*No Permit issued*